

# **Three to Five Saves Lives: Widening the Gap Between Birth Intervals**

All Participants:

Send completed Attendance Log Sheets, Demographic Forms and Evaluations to:

**Gina L. Martin  
Cicatelli Associates Inc.  
100 Edgewood Ave. , NE Suite 900  
Atlanta, GA 30303**

Questions:

Phone: 404.521.2151 ext. 2

**Deadline: March 13, 2009**



### WORKSHOP ATTENDANCE LOG

Title of Workshop: Preconception Care

Program ID: 12812

Agency: Alabama Dept. of Public Health - Montgomery

Date: 3/2/09

ADPH, RSA Tower, 201 Monroe St. #940, Montgomery,  
Address: AL 36104

Total Participants: \_\_\_\_\_

*Please print clearly and legibly. Thank you.*

	NAME (First and Last)	POSITION/TITLE	TELEPHONE NUMBER	EMAIL ADDRESS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

## WORKSHOP EVALUATION

Workshop Title: **Preconception Care**

Date: 03/02/09 - 03/02/09

PLEASE RATE THE FOLLOWING ON A SCALE OF 1 (LOWEST) TO 5 (HIGHEST).

circle your answers

- |  | poor | fair | good | very<br>good | excellent |
|--|------|------|------|--------------|-----------|
|  | 1    | 2    | 3    | 4            | 5         |
| 1. To what extent did the workshop meet its stated objectives:   |      |      |      |              |           |
| a. You should comprehend the rationale behind the definition of an optimal interpregnancy interval.        |      |      |      |              |           |
| b. You should be able to explain the risks for both the infant and the mother of poorly timed pregnancies. | 1    | 2    | 3    | 4            | 5         |
| c. You should be able to identify topics for incorporation into family planning discussions that address:  | 1    | 2    | 3    | 4            | 5         |
| d. Common misunderstandings about pregnancy prevention and preparation.                                    | 1    | 2    | 3    | 4            | 5         |
| e. Preconception health.   | 1    | 2    | 3    | 4            | 5         |
| 2. To what extent did the objectives relate to the overall purpose.  | 1    | 2    | 3    | 4            | 5         |
| 3. Your satisfaction with your level of participation during the workshop.                                 | 1    | 2    | 3    | 4            | 5         |
| 4. Usefulness of the instructional materials.  | 1    | 2    | 3    | 4            | 5         |
| 5. Degree to which this was a good learning experience.  | 1    | 2    | 3    | 4            | 5         |
| 6. Overall satisfaction with the workshop.   | 1    | 2    | 3    | 4            | 5         |

PLEASE RESPOND TO THE FOLLOWING:

7. The most useful part of the workshop was:

8. The least useful part of the workshop was:

9. As a result of attending this workshop, I plan to:

**(over)**



**Cicatelli Associates Inc.**  
*Anonymous Participant Demographic Form*



To target our services better, we are asking all of our participants to complete the following information.

**Gender**     Female     Transgender  
                Male         Intersex

**Age**   

**Are you of Hispanic, Latino, or Spanish origin?**  
 Yes         No

**Race (select all that apply)**  
 American Indian/Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian/Other Pacific Islander  
 White  
 Other: \_\_\_\_\_

**Highest level of formal education**  
 Less than High School Diploma     Bachelor's Degree  
 High School Diploma/GED         Master's Degree  
 Some College                             Doctoral Degree  
 Associate's Degree

**Advanced degrees and certifications (select all that apply)**  
 MD/DO     CNA         RD         MPH  
 PA         LPN/LVN     CHES     MSc  
 DDS        RN         CASAC    MA  
 OD         NP         LCSW     MS  
 PhD        CNM        LPC        Other (fill in below)  
 JD         CNS        LMHC          
 CPA        ACRN      MSW

**Primary functional role(s) (select all that apply)**

<input type="radio"/> Accounting	<input type="radio"/> Medical Director
<input type="radio"/> Administrator/Supervisor	<input type="radio"/> Nutritionist
<input type="radio"/> Board Member	<input type="radio"/> Outreach Worker
<input type="radio"/> Care Provider/Clinician	<input type="radio"/> Patient Advocate/Navigator
<input type="radio"/> Case Mgmt. Technician	<input type="radio"/> Peer Educator/Advocate
<input type="radio"/> Case Manager	<input type="radio"/> Program Director
<input type="radio"/> Childcare Worker	<input type="radio"/> Program Manager/Coord.
<input type="radio"/> Clergy/Spiritual Leader	<input type="radio"/> Psychiatrist
<input type="radio"/> Community Follow-Up Worker	<input type="radio"/> Psychologist
<input type="radio"/> Counselor/Therapist	<input type="radio"/> Social Worker
<input type="radio"/> Data Manager	<input type="radio"/> Student/Graduate Student
<input type="radio"/> Epidemiologist	<input type="radio"/> Trainer/Teacher/Faculty
<input type="radio"/> Financial Manager	<input type="radio"/> Volunteer
<input type="radio"/> Health Educator	<input type="radio"/> Not Working/Not Employed
<input type="radio"/> Medical Assistant	<input type="radio"/> Other

**How long have you been in your primary functional role?**      years

**Area(s) of specialization (select all that apply)**

<input type="radio"/> Adolescent Health	<input type="radio"/> Pediatrics
<input type="radio"/> CAM	<input type="radio"/> Prenatal Care/OB/Gyn
<input type="radio"/> Criminal Justice	<input type="radio"/> Primary Care
<input type="radio"/> Early Childhood	<input type="radio"/> Reproductive Health
<input type="radio"/> Education	<input type="radio"/> Research
<input type="radio"/> HIV/AIDS	<input type="radio"/> STIs/STDs
<input type="radio"/> Information Systems	<input type="radio"/> Substance Abuse
<input type="radio"/> International Health	<input type="radio"/> Tobacco Control
<input type="radio"/> Mental Health	<input type="radio"/> Violence Prevention
<input type="radio"/> Nutrition/Obesity	<input type="radio"/> Other
<input type="radio"/> Oncology/Cancer	

**How long have you been in your primary area of specialization?**      years

**Principal employment setting (select all that apply)**

<input type="radio"/> Adolescent Health Center	<input type="radio"/> EMS/Police/Fire	<input type="radio"/> Homeless Shelter	<input type="radio"/> School/Educational Institution
<input type="radio"/> CBO/Community Agency	<input type="radio"/> Faith-Based Org.	<input type="radio"/> Hospice/Palliative Care	<input type="radio"/> State/Local Health Dept.
<input type="radio"/> Child Welfare Services/Foster Care	<input type="radio"/> Family Planning Agency	<input type="radio"/> Hospital or Hospital-Based Clinic	<input type="radio"/> STD Clinic
<input type="radio"/> Community/Migrant Health Ctr.	<input type="radio"/> HIV/AIDS Service Org.	<input type="radio"/> Long-Term Care Facility	<input type="radio"/> Substance Abuse Treatment Prg
<input type="radio"/> Correctional Facility	<input type="radio"/> HMO/Managed Care Org.	<input type="radio"/> Mental Health Facility	<input type="radio"/> Tribal/Indian Health Center
<input type="radio"/> Domestic Violence/Rape Crisis Ctr.	<input type="radio"/> Home Care	<input type="radio"/> Private Practice	<input type="radio"/> Other
<input type="radio"/> Early Childhood Facility			

**Zip-code of your principal employment setting**   

**Location of your principal employment setting**  
 Urban     Suburban     Rural     Indian Reservation

